



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CA No. 04-12024-RGS	
DEFENDANT 2001 Toyota Sequoia, et al.,		TYPE OF PROCESS Complaint and Warrant & Monition	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Gerry D'Ambrosio, Esquire		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) D'Ambrosio Law Offices, 14 Proctor Avenue, Revere, MA 02151		
Send NOTICE OF SERVICE copy to Requester: SHELBEY D. WRIGHT, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) <p align="center"><i>Complaint and Warrant & Monition - 7C</i></p> Please serve the attached Preliminary Order of Forfeiture upon the above-named Individual by certified mail, return receipt requested.			
Signature of Attorney or other Originator requesting service on behalf of <i>SHELBEY D. WRIGHT</i>		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS: <i>[Signature]</i>		Date Oct 8, 2004	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: <i>[Signature]</i>
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input checked="" type="checkbox"/> I HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> I HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
I <input type="checkbox"/> HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Please see Remarks below.	
		Signature, Title and Treasury Agency <i>[Signature]</i> Stephen P. Leonard, Forfeitures Officer U.S. Customs & Border Protection	
REMARKS: Notice was served as directed above. Copy of Postal receipt #7001 2510 0003 4300 2871, showing delivery on Nov. 10, 2004, is attached.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT
 ☐ FOR CASE FILE
 ☐ LEAVE AT PLACE OF SERVICE
 ☐ FILE COPY

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>G. D'Ambrosio</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Gerry D'Ambrosio, Esq. D'Ambrosio Law Offices 14 Proctor Avenue Revere, MA 02151</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer): 7001 2510 0003 4300 2871</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
<p>Postage \$</p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$</p>	<p>Postmark Here</p> <p>NOV 08 2004</p> <p>JOHN F. KENNEDY ST. BOSTON, MA 02114 USPS</p>
<p>Sent To</p> <p>Gerry D'Ambrosio, Esquire</p> <p>Street, Apt. No., or PO Box No. D'Ambrosio Law Offices</p> <p>City, State, ZIP+4 14 Proctor Avenue Revere, MA 02151</p>	
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>	

7001 2510 0003 4300 2871